PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

BAS EXAL SEAL FEE TOT/	MINATION FE RCH FEE FOR EXTRA S AL CHARGEA PENDENT CL	SPEC. PGS. BLE CLAIMS AIMS DENT CLAIM PRE	14 minu	is 100 = us 20 =	(Column 2)	RATE BASIC FEE EXAM FEE SEARCH FEE X \$ 125 =	FEE	OR	RATE BASIC FEE EXAM. FEE SEARCH FEE	75E 300 200 400
EXAL SEAL FEE TOT/	MINATION FE RCH FEE FOR EXTRA S AL CHARGEA PENDENT CL TIPLE DEPEN	SPEC. PGS. BLE CLAIMS AIMS DENT CLAIM PRE	14 minu	ıs 20 = •·	/ 50 =	EXAM. FEE SEARCH FEE		OR	EXAM. FEE SEARCH FEE	200
SEAI FEE TOT/	RCH FEE FOR EXTRA S AL CHARGEA PENDENT CL	SPEC. PGS. BLE CLAIMS AIMS DENT CLAIM PRE	14 minu	ıs 20 = •·	/ 50 =	SEARCH FEE			SEARCH FEE	200
FEE TOTA	FOR EXTRA S AL CHARGEA PENDENT CL TIPLE DEPEN	BLE CLAIMS AIMS DENT CLAIM PRE	14 minu	ıs 20 = •·	/ 50 =					
TOTA	AL CHARGEA PENDENT CL	BLE CLAIMS AIMS DENT CLAIM PRE	14 minu	ıs 20 = •·	/ 50 =	X \$ 125 =		•	V 0.050	700
INDE	PENDENT CL	AIMS DENT CLAIM PRE	6 min						X \$ 250 =	j
_	TIPLE DEPEN	DENT CLAIM PRE	1 4	nus 3 = .		X \$ 25 =		OR	X \$ 50 =	
MI II 7			-051-	- 1	3	X \$ 100 =		OR	X \$ 200 =	lm
MOL	he difference					+ \$ 180 =		OR	+ \$ 360 =	ysi ()
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	150D
1/	2/03 (Column 1) (Column 2) (Column 2) (Column 2) (Column 3) (Column 4)				(Column 3)	SMALL E		OR	OTHER SMALL E	
NT A	-a	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Fotal	. 14	Minus *	20	-	X \$ 25 =		OR	X \$ 50 =	
AME	ndependent	•	Minus *	· 6		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPEN	IDENT CLAIM		+ \$ 180 =		OR	+ \$ 360 =	
			•			FEE		OR	TOTAL ADDIT.	
		(Column 1)		(Column 2)	(Column 3)		·			
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT	otal		Minus **	.	=	X \$ 25 =		OR	X \$ 50 =	
	ndependent	*	Minus	••	=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF MU	JLTIPLE DEPEN	DENT CLAIM		+ \$ 180 =		OR	+ \$ 360 =	
			·			TOTAL ADDIT.		OR	FEE	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 										